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Summary of mid-term reviews and major evaluations of country programmes

Eastern and Southern Africa region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1) which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, *inter alia*, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in the present report were conducted during 1999.

Introduction

1. Seven mid-term reviews (MTRs) were scheduled in the region during 1999. The results of six of those are reported here. Because of the change in Government and related instability, the MTR for Comoros was postponed to 2000 and will be reported on in 2001. The current three-year programme of cooperation in Rwanda was the subject of a modified MTR, the results of which are described briefly below. In November 1999, the regional Programme and Budget Review (PBR) Committee approved post-MTR changes for all but two of the countries that had conducted MTRs.

2. All of the MTR countries are seriously affected by HIV/AIDS as the primary impediment to the realization of the rights of children and women. The MTRs provided an opportunity to refocus efforts on the complex HIV/AIDS emergency. All of the MTRs also involved formal evaluations and background studies, and most included series of meetings and field visits with a wide range of government, non-government and United Nations partners and, in most cases, bilateral donors. UNICEF South Africa broke new ground with its joint agency MTR, and representatives of United

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Nations Development Group (UNDG) agencies participated in all of the MTR processes described.

Country mid-term reviews

Lesotho

3. **The situation of children and women.** The civil disturbance following the 1998 elections, the ensuing destruction of property and the military intervention of the Southern African Development Community marked a watershed for Lesotho. Economic performance had been very good for several years to that point, but turned abruptly to negative growth following the rioting and pillaging of the business centre of Maseru and two other towns. Businesses, along with foreign investment, are now slowly returning to Maseru. The Lesotho economy continues to be based heavily on remittances from men working in South African mines despite a 50 per cent reduction in mine employment in the last five years. Government expenditures in health have declined since 1997 as expenditures on public safety and defence have risen.

4. HIV/AIDS and other sexually transmitted diseases (STDs) are recognized as development problems in Lesotho, and their burden is carried especially by women and children. The official estimate of a 10 per cent rate of HIV infection in the population is considered low because testing services are poor and a climate of denial persists. Available data show that girls aged 15-19 years old have a seven times greater rate of infection than boys. Preventive services for youth are rare. In 1998, the Government established focal points in all line ministries to integrate HIV/AIDS efforts and create structures to address the problem in all sectors. A national policy on HIV/AIDS and STDs is being developed.

5. Infant mortality remained stagnant at about 100 per 1,000 live births from 1986 to 1996 despite considerable investment in child health interventions. Diarrhoea, malnutrition and acute respiratory infections (ARI) continue to be the major contributors to infant death.

6. **Achievements and constraints.** Access to iodized salt for all families has been achieved through the development and enforcement of strong legislation. Access to health services improved in eight pilot sites with strong community management, and this work needs to be extended. The lack of training and support for community health workers is a constraint to better services. There is an increasing tendency towards user fees for health services, which has restricted access to the poor. UNICEF has supported parent advisory committees in over 800 schools, as well as improved schooling opportunities for herdboys and street children. None the less, enrolment has declined since the early 1990s due to increasing poverty and inadequate investment in teacher training and school facilities. Government use of the results of the multiple indicator cluster survey (MICS) has permitted improved planning at decentralized levels. UNICEF support has also contributed to a greater awareness of the practical implications of rights-based programming among government and non-governmental organization (NGO) partners. The steady economic decline of the country, along with HIV/AIDS, are key constraints to progress in all areas.

7. **Assessment of programme strategies: lessons learned.** The programme will be modified to focus more on HIV/AIDS and on the ability of communities to cope with the problem. To achieve this, considerable work will be required to engage the Government at all levels in providing an enabling environment for participatory work with communities. Operations research will be conducted to get the information needed to improve participation, access and utilization by young people of preventive services. UNICEF will work with the Government to establish a multisectoral steering committee to monitor implementation of the National Programme of Action (NPA) and the Convention on the Rights of the Child. The satellite school model judged to be successful in the MTR will be replicated to provide more educational opportunities for hard-to-reach children. The primary environment care project will be dropped.

8. **Country programme management plan (CPMP).** The office established systems for effective and efficient resource management and accountability during the first half of the programme cycle, guided by the ongoing Management Excellence Programme, the UNICEF Mission Statement and Guiding Principles, management indicators, terms of reference for staff and management committees, and the 1997 internal audit recommendations. The main problem in the first half of the programme was insufficient funding from other resources, which resulted in a loss of some professional staff as well as the non-filling of vacant positions. The

office was able to raise funds for only 30 per cent of the planned other resources budget.

Malawi

9. **The situation of children and women.** Malawi is one of the poorest countries in the world, ranked 159 of 174 countries in the Human Development Index (HDI). Income distribution is extremely unequal, with 60 per cent of the population living in absolute poverty. The economy is vulnerable in view of its heavy reliance on tobacco, tea and sugar for export. External debt service accounts for 20 per cent of current expenditures. Household food insecurity is rampant. Infant and under-five mortality rates (IMR and U5MR) are 135 and 234 per 1,000 live births, respectively, and both are expected to rise due to AIDS. Maternal mortality is also very high.

10. Human deprivation is aggravated by the high and increasing prevalence of HIV and AIDS. HIV sero-prevalence rates are estimated at about 25 per cent in urban areas, 21 per cent in peri-urban areas and 11 per cent in rural areas. The rate of new infections is one of the highest in the world. Some 267 persons are infected and 139 people die every day. Five of six young people infected are girls. Projections of the number of orphans vary considerably, but one estimate suggests that there will be over 1 million orphans by the end of 2000, and 1.4 million by 2005. A Cabinet Committee on HIV/AIDS was established in 1998, and the President launched a National Strategic Plan against AIDS in October 1999.

11. **Achievements and constraints.** The programme was instrumental in the creation of a Child Rights Unit in the new national Human Rights Commission. The health programme contributed to sustaining national coverage of over 80 per cent for most antigens. No new polio cases have been reported since 1992. The programme has also successfully integrated vitamin A into routine immunization services. UNICEF supported the National Orphan Task Force in its review and strengthening of several laws that protect orphans against exploitation. The youth and education programme supported the Universal Free Primary Education policy by facilitating increased access and enrolment to primary education for both boys and girls. Some 65 community schools were established within walking distance in the catchment areas. Support to the establishment of school committees, the location of the schools within walking distance and the provision of training for teachers in cohort tracking facilitated an improvement in girls' enrolment and in the ability of teachers and communities to monitor the retention of girls in school. It contributed to HIV/AIDS awareness of young people through the formation of 2500 EDZI TOTO (Anti-AIDS) clubs in primary and secondary schools. Through the clubs, young people have received information on HIV/AIDS and life skills, which is being used in peer-to-peer sensitization. In collaboration with the National Youth Council, the programme has contributed to the formation of 70 youth-run NGOs and 8 youth centres. The water and environmental sanitation programme has assisted the Government in the provision of safe water to rural communities through NGO participation in the construction of tube-wells (shallow boreholes) and the rehabilitation of hand-dug wells. In virtually all of these programmes, progress was registered in building community and government capacity to sustain achievements.

12. HIV/AIDS was identified as a major constraint in virtually all areas, particularly as it causes the death of service providers in their productive years. The decentralization of programme activities has led, as in many countries, to the challenge of dealing with many more partners who are unaccustomed to the level of accountability required by UNICEF. A more sustained effort will be made in the second half of the programme to orient all partners to UNICEF processes and to build management capacity at all levels.

13. **Assessment of programme strategies: lessons learned.** The second half of the programme will focus more centrally on combating HIV/AIDS. The care and nutrition component, for example, will have a stronger focus on the needs of orphans. Policy development in sector-wide approaches (SWAPs) will be steered to taking HIV/AIDS into account. With this tighter focus on AIDS, the programme will be streamlined from 22 to 15 projects.

14. Intersectoral coordination at the district level needs to be improved, but districts also need to be able to coordinate with sectoral structures at the central level. Clarifying the role of districts in SWAPs will be a continued focus of work. Relationships with NGOs, which will continue to be important as they are active in key service activities related to HIV/AIDS, need to go beyond a donor-recipient relationship to a truer

partnership. This will be the focus of particular attention in the new programme.

15. **CPMP.** Some restructuring of the CPMP was approved by the regional PBR to correspond to the streamlining of programme and project structures. Some changes were also made to bring the ratio of national to international staff into line with that of most other countries in the region and allow the office to benefit from professionals with experiences gained outside Malawi. The strong probability of new funding in the areas of school sanitation and orphan care has enabled posts to be established in those areas. The inclusion of Malawi among the countries receiving new posts focused on the prevention of mother-to-child transmission will strengthen the office's ability to make HIV/AIDS concerns more central to the programme. Some changes have been made on the operations side to reflect the changing responsibilities associated with the Programme Manager System (PROMS).

Namibia

16. **The situation of children and women.** The Namibian economy continues to be extreme in income disparity. One half of the population survive on approximately 10 per cent of the income, while 5 per cent enjoy incomes more than five times the average. The reduction of inequalities and the obligation to fulfil children's rights continue to be major concerns of the Government, including the elimination of rural-urban disparities. The continued marginalization of minorities, for instance, children in remote areas or on commercial farms, remains a serious violation of rights. Implementation of Namibia's decentralization policy has been slow. Popular participation is considered essential, but it is often insufficient in reality.

17. Namibia is one of the four countries in the world most affected by HIV/AIDS. One in five Namibians aged 15-49 years old is infected and likely to die in the next seven years. AIDS is the number one killer. Namibia's HDI dropped from .656 to .638 from 1998 to 1999, due largely to the fall in life expectancy associated with AIDS. Infant mortality is projected to rise to 72 per 1,000 live births by the year 2010; without AIDS, a rate of 45 could have been expected. The number of orphans will be three to four times higher than normal. At least 15 per cent of children live in families where a parent is HIV-positive. Thus, in addition to the trauma of witnessing the deaths of their relatives, they are exposed to other infectious diseases. The effects of HIV/AIDS on women and girls are severe because of their relatively low status in society. The HIV/AIDS problem is compounded by high rates of alcohol abuse and experimentation with alcohol by youth. However, youth are considered a powerful force for change.

18. The launch of the second National Strategic Plan on HIV/AIDS led to intensified collaboration and created new partnerships, such as with the church. Open discussion by some political leaders, an increase in deaths from AIDS and generally increased awareness have made a dent in the conspiracy of silence. At the initiative of UNICEF, a multisectoral task force on communication on AIDS, comprising government and non-governmental members, has been formed.

19. Net primary school enrolment is 95 per cent, and boys and girls are equally represented in school and have similar achievement levels. However, there are disparities among population groups and in resource allocations and teacher qualifications. One quarter of the teachers are under-qualified. Because of AIDS, many children will be left without parents to support their schooling, and the already high attrition rate of qualified teachers will increase.

20. **MTR process.** The Namibia National Planning Commission Secretariat, the focal point for Government of Namibia/UNICEF cooperation, organized a steering committee for the review, which oversaw the process. Directors from all relevant ministries were represented on the steering committee. Five themes were identified to structure the MTR: (a) HIV/AIDS; (b) a focus on the most vulnerable; (c) capacity-building; (d) youth participation; and (e) a focus on the World Summit for Children goals. For each theme, a working group was formed and chaired by the Government. United Nations sister agencies participated in all groups, which reviewed existing programmes, identified additional programme opportunities, and produced findings and recommendations. Group members were then organized into sector groups following the country programme structure (i.e. health, education, early childhood development (ECD), etc.) and proposed changes to each programme in light of the thematic work. A positive side-effect of this approach was fruitful exchanges across sectors. For the first time,

many counterparts had discussions with colleagues from other ministries. Field trips also seemed to be very revealing to government partners.

21. **Achievements and constraints.** Only three projects of the country programme were originally linked to AIDS. The youth programme reached 40,000 young people with a life skills peer education programme on the prevention of HIV infection and substance abuse. The health programme improved access to services for adolescents. The child rights programme assisted children affected by HIV/AIDS. A model of collective orphan care in early childhood facilities was also developed. The review noted that while a national plan on HIV/AIDS existed, its implementation required additional UNICEF support. Recommendations were made for all projects to include an HIV/AIDS component, such as assisting the national literacy programme to develop materials on HIV/AIDS and school inspectors to monitor the use of AIDS-related teaching materials; to focus the communication programme on HIV/AIDS prevention; and to provide operational assistance to implement regional AIDS plans.

22. Progress towards achievement of the World Summit for Children goals varied. The pursuit of most health goals was limited to the facility level, making services available only to those who sought them. Poor interpersonal communication and a lack of managerial skills of health workers were identified as constraints. Outreach services have been irregular, missing approximately 20 per cent of the population. However, community mobilization was successful during national immunization days, which achieved very high coverage. Goals related to immunization coverage, polio eradication, tetanus elimination, measles reduction and vitamin A supplementation can be achieved with a concerted effort. However, the achievement of maternal mortality reduction by one half through creating a mother-friendly environment is unlikely given the requirement for attitudinal change in communities and among health staff. Some 80 per cent of the population have access to safe water, but sanitation and hygiene practices are lagging behind.

23. The review noted that UNICEF-assisted programmes had not uniformly addressed existing disparities in access to services or focused on the most vulnerable groups. AIDS orphans, female-headed subsistence farming households, children on commercial farms, San and Himba communities, and out-of-school youth are among those especially marginalized. The education for marginalized children and the mobilization for children's rights programmes had helped to raise awareness of the needs of the disadvantaged. The review recommended that assistance to the most marginalized should be provided through establishing stronger community ties, making better use of extension workers and contributing to community self-organization.

24. **Assessment of programme strategies: lessons learned.** Good progress was made on strengthening management systems and parental participation in formal education. The youth programme successfully created decentralized management structures that appear to be sustainable. Progress was least satisfactory in regional development due to an apparent lack of ownership by stakeholders and because the project was overtaken by the overall national decentralization effort. It was noted that capacity-building initiatives were often not developed based on needs assessments. Some of the capacity-building efforts were not flexible enough to adapt to changing circumstances. Capacity-building was often reduced to skills training for individuals, without creating suitable conditions for them to perform. A new framework will facilitate needs assessment and monitoring of future capacity-building efforts. Community capacity-building will be emphasized in the rest of the country programme, and several approaches are currently being tested. Among those that appear to be particularly promising is the work with school boards.

25. The MTR working group of young people representing all of Namibia's regions made recommendations on opportunities for involving adolescents as partners. Outside the youth programme, young people felt that they had not been involved enough in planning and implementation, and that they were objects of the programme rather than partners. Health services were seen not to be youth-friendly. The educational system was judged not participatory enough for parents or students. More participatory research should be focused on the situation of youth. Youth would like to be involved in the delivery of reproductive health services and requested more support for peer education on health issues as well as better coverage of key issues such as safe motherhood in school curricula.

26. **CPMP.** The major challenge for the revision of the CPMP was to address the large number of unfunded

staff positions created by exaggerated expectations of other resources. The identification of three priorities (AIDS, World Summit for Children goals and disparity reduction) and the clarification of desirable strategies (capacity-building, working with young people and better use of communication strategies) created a programme that was more focused and manageable within an affordable staff contingent. The CPMP also modified the job descriptions of support staff, including to adjust to tasks created by the introduction of PROMS.

South Africa

27. **The situation of children and women.** South Africa has the largest economy in sub-Saharan Africa, but the distribution of wealth is among the most unequal in the world. Two thirds of black households and three quarters of the rural black population have incomes well below the poverty line, while the large majority of white households have incomes that are multiples of that level. The HDI of South Africa declined by 12 ranks between 1998 and 1999. The mortality rate of black children is high for a middle-income country. A recent survey put the country's first reliable estimate of U5MR and IMR at 59.4 and 45 per 1,000 live births, respectively. Maternal mortality remains high. Nearly 70 per cent of infant and child deaths are related to diarrhoeal diseases and ARI, most compounded by malnutrition.

28. The impact of HIV/AIDS on children and women is expected to worsen as the rapid progression of the virus continues to erode human development. The speed of the spread of HIV/AIDS in South Africa is among the highest in the world and is recognized as a national emergency. The prevalence of HIV is expected to reach almost 25 per cent in the general population by the year 2010. By that date, life expectancy is projected to fall to 48 years from the 68 years anticipated in the absence of AIDS. Over 26 per cent of women in their twenties are infected with HIV, the highest prevalence of all groups. Rates of increase are rapid among teenage girls. The level of violence against women and girls remains very high and is a matter of grave concern.

29. Some 53 per cent of the population do not have adequate access to sanitation. More than 12 million people (30 per cent) do not have access to potable water, while nearly 50 per cent rely on public taps and other sources, including untreated surface water. The Government has committed itself to provide water supplies to 90 per cent of the currently unserved population by 2004. Education receives the single largest share of the national government budget (22.6 per cent), but the service provided is inefficient and ineffective compared to countries with similar expenditure levels. Despite high enrolment, particularly in primary schools, the quality of education is very poor, resulting in high repetition rates at all levels, poor learning outcomes and low adult literacy.

30. Thabo Mbeki was elected President in June 1999 and the African National Congress gained close to a two thirds majority in Parliament. The Government is committed to the promotion and protection of human rights. The rights of children are clearly stated in South Africa's Constitution and Bill of Rights and are incorporated in the ambitious National Action Plan for the Promotion and Protection of Human Rights. The Convention on the Elimination of All Forms of Discrimination against Women was ratified and is reflected in the new Constitution, which criminalizes discrimination based on gender and provides for affirmative action. The Child Desk in the Deputy President's office has been transformed into the Office on the Status of the Child in the Presidency, and will give a higher profile to children's issues. The NPA for Children is the framework for UNICEF-Government collaboration. It aims to improve the situation of children and ensure local action and involvement in the process.

31. **Joint agency MTR process.** The MTR in South Africa took place at a time of change which suggested that a number of the assumptions that had guided the design of the country programme in 1996 were no longer valid. Firstly, the biggest threats to children were now recognized to be HIV/AIDS and violence and abuse. Secondly, UNICEF and the entire United Nations system of 16 agencies in South Africa had seen the relevance of their individual programmes questioned not only by the Secretary-General's call for United Nations reform, but also by the Government's suggestion that 16 agencies, each with its own ambitious mandate yet limited resources, were perhaps a case of too many achieving too little.

32. Early in the MTR process, the Government indicated that especially in an election year, it would be impossible to give its attention to three separate MTRs for the United Nations Population Fund, the United

Nations Development Programme (UNDP) and UNICEF. All parties agreed to organize a joint MTR. Each agency was encouraged to pursue its own MTR processes with the relevant partner line ministries after which a joint review would be held. After considerable discussions with the Government, especially to take into account the priorities of the Mbeki administration, it was agreed that the focus of the joint agency review would be HIV/AIDS, gender and poverty reduction/ integrated rural development. In addition, it was agreed that human rights-based programming should be the key programme approach for all agencies, and this was added as a theme. A fifth theme for the joint agency review concerned operational issues; the Government was keen to discuss in detail how the operations of the UNDG agencies could be integrated. Accordingly, UNICEF conducted its overall individual MTR in collaboration with the NPA Steering Committee of the Government in August, and the joint MTR was conducted through a series of consultations, culminating in a formal meeting in November 1999.

33. **Achievements and constraints.** The first half of the programme recorded considerable achievements. UNICEF provided early leadership on HIV/AIDS, eventually helping to bring the United Nations country team together around a joint work plan that clearly specifies the roles of all agencies. The programme's support brought concrete meaning to local engagement in the NPA through the "child-friendly cities" initiative, establishing mechanisms and building capacity for addressing and monitoring the situation of children's rights in urban areas. UNICEF support to the education sector in the first half of the programme has been viewed as a model for building capacity for programme management and policy development at subnational levels and culminated in the adoption as central ministry policy of interventions that the programme had piloted. Overall, inadequate capacity for data collection and information management at decentralized levels was identified as a key constraint, as well as the pervasive and destructive effects of HIV/AIDS.

34. **Assessment of programme strategies: lessons learned.** The conclusions of the joint agency review were clear: 16 broad mandates of the United Nations agencies would be redirected to focus on two major issues — HIV/AIDS and integrated rural development. In addition, to be a credible and respected partner, United Nations system agencies would work closely together, speak with one voice, and avoid duplication and overlap. It was agreed that the focus of integrated rural development work would be the provinces of KwaZulu Natal, Northern Province and Eastern Cape. As UNICEF was not previously working in Eastern Cape and has supported work in Gauteng Province, some gradual modifications will be necessary, leading to a harmonized regional focus in the planning of the next country programme.

35. The overall strategic approaches agreed to by the UNDG agencies aimed at contributing to the promotion of a genuine rights-based culture in UNICEF and developing the capacities of communities and local government to analyse and design ways to tackle their own problems. Since UNICEF activities were already based on these strategies, the strategic adjustments implied by the joint agency review are perhaps not as difficult for UNICEF as they will be for others, but there will be ample challenges for all.

36. While the 1997-2001 master plan of operations will not be redesigned, the rest of the programme will be guided by the new priorities of HIV/AIDS and integrated rural development established by the joint MTR and the United Nations Development Assistance Framework (UNDAF). A rights-based approach to programming will apply to all United Nations/UNICEF programming from 2000 onwards. The most dramatic change in the country programme will be the strong focus on HIV/AIDS, accompanied by a reallocation of resources so that 40-50 per cent of financial resources and staff time are dedicated to this priority. The focus on HIV/AIDS will be complemented by a strong emphasis on gender, including the role of men in women's reproductive health, violence against women, rape and child abuse.

37. While UNICEF and its programme sections will continue to cooperate with line ministries, overall guidance for the cooperation will be provided by the Office for the Status of the Child in the Office of the Presidency, which is also the Secretariat for the NPA. The NPA is reconfirmed as the policy and action framework for the Government of South Africa-UNICEF programme of cooperation, and NPA processes will be decentralized to the provincial level. The cooperation must focus increasingly on community mobilization and empowerment as well as local government capacity development.

38. **CPMP.** Programme changes following the joint MTR and UNDAF processes are such that a CPMP revision is required. UNICEF South Africa will submit a proposal to the regional PBR in 2000, including annex papers on: (a) typologies of UNICEF programmes and offices; (b) resource mobilization, contribution management and private sector partnerships; (c) United Nations House and common services; and (d) the present and future supply function in UNICEF South Africa.

United Republic of Tanzania

39. **The situation of children and women.** The United Republic of Tanzania's population of 32 million lives with high dependency and mortality rates, both likely to worsen due to the effects of HIV/AIDS. Nearly 200,000 children under five years old die each year. Malaria is the leading cause of child mortality, and low birth weight, protein-energy malnutrition, diarrhoea, pneumonia and AIDS are important contributors. HIV/AIDS is the leading cause of death among adults. There are an estimated 9,000 maternal deaths and about 180,000 cases of significant disability related to pregnancy and childbirth each year.

40. Among the main challenges to the country's long-range development are massive and entrenched poverty, HIV/AIDS, poor infrastructure in all sectors, a heavy disease burden, the extremely heavy debt burden and the precarious humanitarian situation in the Great Lakes countries. Gross primary school enrolment was 98 per cent in 1981; it is about 78 per cent today. In 1984, about 60 per cent of women delivered their newborns in a health facility; the figure is about 47 per cent today. Only one half of the country's population have access to safe water, and the figure is apparently declining as many existing schemes become defunct. Social sector investment competes with debt servicing. HIV/AIDS has posed additional social service challenges, and basic services coverage has suffered as a result. Recently, however, the Government has taken steps to curb corruption and improve financial management and accountability and to accelerate social sector reform. In addition, the Highly Indebted Poor Countries initiative of the Bretton Woods institutions promises to relieve the United Republic of Tanzania of about $2 billion in debt during 2000.

41. **MTR process.** Piloted by UNICEF-Government technical committees on both the mainland and the islands, the MTR was organized around five multisectoral theme groups that included 200 persons from the Government, United Nations agencies, bilateral donors, NGOs and UNICEF. The five groups covered local government and community development; rights of the young child; rights of school-age children and adolescents; social mobilization for rights; and linking emergency to development. District-level counterparts were consulted through open-ended questionnaires and concept papers, and selected district-level partners participated in a wrap-up meeting in June 1999. A special effort was made to review monitoring and evaluation in the programme from the village to the national level, including assessing capacities of key actors to strengthen systems.

42. **Achievements and constraints.** Gains in expanded programme on immunization (EPI) coverage were sustained. Integrated Management of Childhood Illness was launched and expanded, and the experience in community-based nutrition was an important foundation for household and community-focused interventions. Over 70 per cent of the salt consumed in the country is iodized, resulting in a significant reduction in iodine deficiency disorders. Vitamin A is supplemented through 4,000 EPI outlets on the mainland. Significant progress has been made in promoting rainwater harvesting, as well as in the construction and equipping of medium and shallow wells with handpumps. However, all these efforts were relatively divergent and lacked the synergy required to create positive impacts on child morbidity and mortality.

43. Primary school teacher-training curricula were reviewed from a rights and gender perspective, and those of the complementary basic education initiative were formulated. Guidance counselling and learning manuals were developed and used to train teachers. Community-based manuals for training school committees, ward education coordinators and teachers were produced, and training was implemented. District-focused school mapping, spearheaded by UNICEF, served to update the basic education situation and to mobilize for accelerated action, and it is increasingly being adopted by donor agencies. However, interventions focusing on the school-aged child and the adolescent were weak on life skills, and participatory approaches with young people need strengthening.

44. UNICEF worked closely with other partners in supporting public sector reforms, mobilizing and reporting on the rights of children and women, formulating and popularizing policies on children and women, and mainstreaming gender in the country's development process.

45. Finally, while major progress has been made in addressing the plight of thousands of refugees in the western part of the country, more work is required to fully integrate the response to the refugee emergency with the development programmes for the refugee-affected indigenous communities.

46. **Assessment of programme strategies: lessons learned.** It was decided that the country programme would be implemented around clusters of activities corresponding to the five theme areas noted above, all of which would be geared towards developing the capacities of communities to address rights violations. An emphasis on communication, especially fostering a two-way flow of information, would be the most critical element in this capacity development. Monitoring and evaluation would need to be reinforced in all theme areas. The theme-based organization replaces a more traditional sectoral organization of the office.

47. The programme will continue to build on the significant progress made in increasing gender awareness and fostering gender-sensitive development. There will be a special emphasis on the role of men in parenting, reduction in women's workload, support for girls' education and protection against abuse (and HIV/AIDS), as well as promoting enhanced women's representation in governing bodies starting from the village and community levels. There will be tighter integration of emergency preparedness and response in community capacity development activities of all kinds. Finally, UNDAF will be a useful framework for programme coordination within UNICEF and among United Nations agencies.

48. **CPMP.** The reorganization of the programme around five theme "clusters", and the additional focus on monitoring, evaluation and information management, entailed changes in the CPMP and in reporting relationships of staff. Each of the five theme areas will be led by a senior staff member. A new section — Advocacy, Assessment and Analysis — will combine the functions of the former sections dealing with information and communication about rights and monitoring and evaluation. The reorganization of the country programme around these thematic areas will facilitate a capacity development approach to programming.

Zambia

49. **The situation of children and women.** Zambia is in the throes of a social crisis that is systematically eroding the gains made in child survival and development over the past three decades. Some socio-economic indicators are at levels equivalent to or worse than those of countries at war. The HIV/AIDS pandemic is the single greatest threat to development and, ultimately, to the security of Zambia. The impact of the disease is felt in all spheres of life and by the majority of the population, with an estimated 1.02 million Zambians currently reported to be infected with HIV and more than 30,000 children a year born HIV-positive. The increase in infant, child and maternal mortality, as well as the sharp fall in life expectancy from 49 years in 1992 to an estimated 37 years at present, also demonstrate the enormous toll the disease is taking on the most vulnerable groups in Zambian society. An estimated 575,000 children are orphaned due to the loss of one or both parents as a result of HIV/AIDS.

50. The acceleration of HIV/AIDS is fueled by intractable poverty and a huge debt burden, higher than the entire health and education sectors combined. According to the UNDP 1999 *Human Development Report*, Zambia is the only country of the 79 for which data are available where the value of the HDI is lower than it was in 1975. The deepening and worsening poverty situation is confirmed by recent data from the 1998 Living Conditions Monitoring Survey, which show that between 1996 and 1998, extreme and overall poverty levels in both rural and urban areas have increased from 69 to 73 per cent.

51. Malnutrition rates remain unacceptably high, with 42 per cent of children stunted. Malaria is the principal killer of children under five years old, with about 40,000 dying per year, and a major contributor to maternal death. Some 600,000 school-age children are deprived of a formal education, while the quality of education deteriorates further. Considerable challenges to children's rights have also come to light during the programme period, notably the risk in the number of reported cases of child abuse, the rapid increase in the

numbers of children living and working on the streets, the growth in juvenile delinquency and children in conflict with the law, and the widespread violence perpetrated against women and girls.

52. **MTR process.** The Zambia MTR was launched in January 1999 with the establishment of two committees chaired by the Ministry of Finance and Economic Development. One of the committees was to provide technical guidance and the other executive oversight for the MTR preparations, implementation of core review activities and development of required documentation. The process itself was consultative and participatory, extending over six months and involving 116 staff from key ministries, national institutions, non-governmental and donor agencies, and the United Nations system. As part of the United Nations reform process, staff from other United Nations agencies served on the technical committee and participated in the process. The Permanent Secretary of the Ministry of Youth, Sport and Child Development chaired the final formal meeting, which was held in September and brought together over 140 participants. The joint Government-UNICEF meeting endorsed the main MTR recommendation to focus the programme of cooperation for 1997-2001 (E/ICEF/1996/P/L.8/Add.1) on the key areas of HIV/AIDS prevention and mitigation, malaria and children in need of special protection.

53. **Achievements and constraints.** The MTR noted the formidable external challenges, with much of the optimism of the programme preparation period dimmed by the deterioration in the situation of children and women in Zambia. The programme made modest gains, such as the increase in access to safe water in 10 UNICEF-supported districts from 38 to 47 per cent. Despite the eroding capacity of the health sector, immunization coverage was maintained at over 80 per cent. A number of innovative interventions were implemented, including mother-to-child transmission services in three pilot sites and youth-friendly health services in five districts. Community-based malaria prevention and control, piloted in one district, significantly reduced malaria mortality and incidence. The MTR recommended more attention to nutrition and maternal mortality and an additional focus on children in need of special protection, ensuring a multisectoral response. Overall, broad progress has been undermined by the fundamental constraints to development presented by the convergence of HIV/AIDS, poverty and debt. It is becoming increasingly clear that perhaps none of the National Plans of Action goals for children will be met, highlighting the enormity of the social crisis facing the country.

54. **Assessment of programme strategies: lessons learned.** The MTR reaffirmed the soundness of the main strategies of the programme: positioning children and women at the centre of Zambia's development agenda; increasing access to quality services; and strengthening community and family capacity to protect and care for children. Nevertheless, the MTR recommended a further strengthening of these strategies and a more explicit link to the following key programme approaches: human rights-based programming; partnership-building; advocacy for significant debt reduction, in particular debt swaps for HIV/AIDS initiatives; programme communication support; working with communities; gender mainstreaming; and emergency preparedness.

55. A number of important lessons emerged from the review. Chief among them is the need for a greater focus for the remainder of the programme, especially for priority attention to HIV/AIDS, malaria and child protection. Other lessons include the need to adopt a more cautious strategy in the undertaking of the sector investment programme/SWAP process, given the range in experience to date in Zambia; the need for a more rigorous examination of the scaling up of well-managed projects; and the need to devote considerable attention to nurturing enhanced collaboration between government and NGO partners, which are providing significant assistance to children in Zambia. The MTR noted that for any national response to children's issues, particularly AIDS orphans, it is essential that a unified and coordinated approach involving all partners be adopted.

56. **CPMP.** The management review undertaken as part of the MTR endorsed significant modifications to the original CPMP identified through the MTR process. Changes to the management and office organization were approved by the regional PBR in November 1999. Responding to the increased emphasis on HIV/AIDS, malaria and children in need of special protection, an increase in staff and the reallocation of funds in these areas was endorsed by the PBR. The revised CPMP will reflect a stronger emphasis on the monitoring and evaluation and communication components as part of the reinforced programme planning and coordination function approved by the PBR.

Rwanda

57. **MTR of a short-duration programme.** In view of the changes that have taken place in Rwanda since the 1994 genocide and the importance of the current three-year short-duration programme (E/ICEF/1997/P/L.20) as a transition to more stable programming, UNICEF Rwanda and the Government decided to conduct an MTR of the programme in June 1999. The review was chaired by a senior official in the unit of the Ministry of Finance that coordinates development aid, and the exercise served to cement relationships with that unit. In the face of continuing high infant and child mortality, the fact that 70 per cent of the population live in poverty and the growing impact of the HIV/AIDS epidemic, the review served to highlight some key programme areas of focus for the remainder of the programme, but especially for the new programme currently being planned. In this sense, the review was perhaps most useful for structuring the discussions in the strategy meeting for the new programme, which took place later in the year and are reflected in the country note presented to the Executive Board at its first regular session of 2000 (E/ICEF/2000/P/L.11). General conclusions of the review were that HIV/AIDS should figure more prominently in all projects of the programme of cooperation and that there should be a stronger focus on developing technical and programme management capacity in the Government, which has understandably been weak since the events of 1994. CPMP issues were not discussed in the MTR, but await the preparation of a new country programme in early 2000.

Overview of major evaluations

58. Evaluation activities in the Eastern and Southern Africa region have greatly increased external linkages to Governments, partner organizations and the academic world through the formation of national evaluation associations in Comoros, Eritrea, Ethiopia, Kenya, Madagascar, Rwanda and Zimbabwe. Many of these were created in preparation for the inaugural meeting of the African Evaluation Association, which was attended by over 300 evaluators from 35 countries. It is expected that these organizations will continue to grow in number and scope throughout Africa.

59. Organized by UNICEF, the third meeting of the Expert Working Group of Directors of Government Statistics Offices in the region attracted 18 directors and their UNICEF counterparts, who reviewed experiences with the mid-decade MICS in preparation for end-decade reporting. Constraints identified included the lack of capacity in data analysis, data processing and report writing, echoing the mid-decade experience. Among the recommendations was that the end-decade MICS questionnaire should be shortened, simplified and finalized quickly, and that training materials should be provided in good time.

60. The evaluations conducted by country offices are demonstrating a greatly increased concern with issues related to HIV/AIDS. Almost every annual report in the region mentions at least one study in this area. Research studies on knowledge, attitudes, behaviour and practices are the most common. Generally, knowledge has increased, although there are still individuals and communities which do not believe that HIV/AIDS is affecting their lives. Such research studies are increasingly positioned as useful advocacy documents to provoke government action. While changes in behaviour are still lagging, demographic surveys have given early indications of increases in the ages of marriage and first sexual intercourse in some countries, including *Kenya* and *Uganda*. An evaluation in *Zimbabwe* noted that while youths generally had basic knowledge of HIV/AIDS, they lacked access to condoms and did not go to clinics for fear of hostile treatment by health workers. *South Africa* has conducted research on mother-to-child transmission in preparation for the production of national replacement feeding guidelines.

61. An assessment of orphans in *Swaziland* recommended that sectors assess the impact of HIV/AIDS in their respective areas. The main finding was that it is now too late to stop the worst from happening. Efforts should be focused on minimizing the terrible impact of the epidemic. The Ministry of Education will face significantly increased costs and finds it increasingly difficult to fulfil its mandate in the face of HIV/AIDS. *Mozambique* evaluated the "Stepping Stones" life skills methodology for family and community-level action, which also covered orphan's issues. This activity enhanced community solidarity and resulted in generally improved outlooks for children as well as decreases in numbers of sexual partners.

62. *South Africa* and *Uganda* are planning evaluations of the costs of options for the care of

orphans during 2000. More general evaluations of care of orphans are also planned for 2000 in several other countries, including *Malawi*, which will examine traditional coping mechanisms for the care of orphans in extended families and traditional psychosocial care practices. A key aspect of costs of the care of orphans that has legislative dimensions is inheritance. This and the closely linked issue of guardianship were evaluated in *Namibia*, where it was found that problems arose when the person who inherited or took the property of an AIDS victim did not provide for the children. Participants considered that written wills were a suitable vehicle, and it was recommended that a "will's education" programme be initiated.

63. An evaluation on the prevention of malaria, the second regional programme priority, through the use of impregnated bednets was conducted in *Mozambique*. Most people know that mosquitoes cause malaria and that the disease can be prevented by the use of nets, but it is still common to treat malaria through the inhalation of herbs. All participants wished to use bednets. Reasons for low usage included the scarcity of locations at which they were sold, the cost of the nets and the lack of funds. The Roll-Back Malaria strategy emphasizes the use of bednets. This behavioural change requires a widespread awareness of the cause of malaria, and further country-specific studies may be required.

64. The education sector previously concentrated on monitoring data, but an increasing number of evaluations are now being performed. An evaluation in *Madagascar* of learning achievements in the fourth grade found that life skills were not highly responsive to education processes, although there were significant differences between schools. Major predictors of learning achievement included nutritional status of the pupil, professional status and sex of the teacher, availability of teaching materials such as manuals, and location of the school. In *Uganda*, it was discovered that the main reason girls dropped out of school was the lack of adequate and private sanitary facilities. A survey of 90 schools found that, while 99 per cent of schools had access to pit latrines, less than one half of these provided sufficient privacy to users. Only 20 per cent of schools had hand-washing facilities within easy reach of the latrines, and few of these showed evidence of use. Recommendations included improvements in facilities and in hygiene education for teachers and students.

65. Landmine awareness has been a priority in emergency areas. In 1999, the three-year national landmine programme in *Mozambique* was handed over completely to the Government. An evaluation of this programme noted that the careful selection of simple messages had some effect on mine awareness, although the flow of information about mine discovery from district capitals to provinces was weak and slow. The study recommended increased involvement of individuals disabled by mines and more work with educators. *Angola* established a mines incident surveillance system that provides inputs to the production of a quarterly landmine bulletin.